
State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Filing at a Glance

Company:	Premier Access Insurance Company
Product Name:	PPACA Dental Filing - EHB SHOP RATE
State:	Colorado
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Rate
Date Submitted:	06/14/2013
SERFF Tr Num:	PAIC-129075995
SERFF Status:	Closed-Filed
State Tr Num:	278992
State Status:	Filed
Co Tr Num:	96766C0002
Implementation	01/01/2014
Date Requested:	
Author(s):	Corina Lena, Christine Golden, Alisha Sipin, Christine Golden
Reviewer(s):	Nichole Boggess (primary), Cathy Gilliland, Michael Muldoon, Amy Filler, Rachel Plummer
Disposition Date:	08/05/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014
State Filing Description:	
Binder	PAIC-CO14-125002222

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 08/05/2013
State Status Changed: 07/26/2013 Deemer Date:
Created By: Alisha Sipin Submitted By: Alisha Sipin
Corresponding Filing Tracking Number:

Filing Description:

This filing is a PPACA dental filing.

Company and Contact

Filing Contact Information

Alisha Sipin, alisha@premierlife.com
8890 Cal Center Drive 916-679-7001 [Phone]
Sacramento, CA 95826

Filing Company Information

Premier Access Insurance	CoCode: 60237	State of Domicile: California
Company	Group Code:	Company Type:
8890 Cal Center Drive	Group Name:	State ID Number: CO
Sacramento, CA 95826	FEIN Number: 91-1857813	
(916) 679-7001 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State Specific

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
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Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.

Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 701

All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: N/A This filing is not regarding an increased rate. The rates filed are certified by an actuary through the Actuarial Memo taking into account all requirements. Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: The Forms Tab has been completed without the actual forms per DORA instructions for Rate Filings for Stand-Alone Dental Plans (per the PPACA Stand-Alone Dental Plan Procedures for Colorado issued May 31, 2013).

State: Colorado
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

Filing Company: Premier Access Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/05/2013	08/05/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Michael Muldoon	07/14/2013	07/14/2013
Pending Industry Response	Nichole Boggess	06/26/2013	06/26/2013
Pending Industry Response	Nichole Boggess	06/21/2013	06/21/2013

Response Letters

Responded By	Created On	Date Submitted
Alisha Sipin	07/17/2013	07/17/2013
Alisha Sipin	07/01/2013	07/01/2013
Alisha Sipin	07/01/2013	07/01/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Colorado Actuarial Memo.Certificate	Alisha Sipin	07/12/2013	07/12/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Disposition letter	Note To Filer	Nichole Boggess	08/05/2013	08/05/2013
Mineral County Clarification	Note To Filer	Rachel Plummer	07/26/2013	07/26/2013
Mineral County Clarification	Note To Reviewer	Alisha Sipin	07/25/2013	07/25/2013
Mineral County Clarification	Note To Filer	Rachel Plummer	07/23/2013	07/23/2013

SERFF Tracking #:	PAIC-129075995	State Tracking #:	278992	Company Tracking #:	96766C0002
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State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objections	Note To Filer	Nichole Boggess	07/10/2013	07/10/2013
Extension approved	Note To Filer	Nichole Boggess	07/02/2013	07/02/2013
Actuarial Certification Extension	Note To Reviewer	Alisha Sipin	07/01/2013	07/01/2013

SERFF Tracking #:	PAIC-129075995	State Tracking #:	278992	Company Tracking #:	96766C0002
State:	Colorado	Filing Company:	Premier Access Insurance Company		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Dental Filing - EHB SHOP RATE				
Project Name/Number:	/				

Disposition

Disposition Date: 08/05/2013

Implementation Date: 01/01/2014

Status: Filed

Comment: Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Both On and Off Exchange Plans

Child Only Pediatric: 1 plan

Other Adult & Child: 2 family plans Rate Methodology

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

Please see attached document for additional details regarding this filing.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Premier Access Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document (revised)	Colorado Actuarial Memo.Certificate		Yes
Supporting Document	Colorado Actuarial Memo.Certificate		Yes

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Colorado Actuarial Memo.Certificate		Yes
Form (revised)	Certificate of Insurance		Yes
Form	Certificate of Insurance		Yes
Form (revised)	Uniform Application		Yes
Form	Uniform Application		Yes
Form	Schedule of Benefits - English		Yes
Form	Schedule of Benefits - Spanish		Yes
Form	Schedule of Benefits - English		Yes
Form	Schedule of Benefits - Spanish		Yes
Form	Schedule of Benefits - English		Yes
Form	Schedule of Benefits - Spanish		Yes
Rate	EHB SHOP RATE TABLES		Yes

Final Disposition Letter

State Tracking #278992

Company: Premier Access Insurance Company (Premier)

Product Line: Small Group Dental PPO

Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for 2014 Standalone Dental plans, there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for standalone dental plans that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

Both On and Off Exchange Plans

Child Only Pediatric: 1 plan

Other Adult & Child: 2 family plans

Rate Methodology

Experience Used for Rate Setting: Premier does not have current Colorado or National business to use for rate setting experience. AWMS database of clients was used.

2012 Experience Period Loss Ratio: Not applicable.

Annual Dental Cost Trends: 4.0%. This is 3.0% unit cost trend, and 1.0% utilization trend.

Premium Retained to Cover Expenses, Taxes Fees and Profits

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Final Disposition Letter

<u>Premium Retention Total:</u>	<u>30.0%</u>
admin expenses	12.5%
commissions	11.0%
state premium tax	2.0%
federal health insurer fee (premium excise tax)	2.0%
profit and risk margin	2.5%

Sample of Final Premium Levels

		Low AV							
Age*		Rating Area 3		Rating Area 4		Rating Area 5		Rating Area 7	
		Min	Max	Min	Max	Min	Max	Min	Max
PLUS Family Plan with EHB	0-20	\$25.49	\$25.49	\$21.73	\$21.73	\$21.79	\$21.79	\$24.79	\$24.79
	21	\$33.97	\$33.97	\$28.96	\$28.96	\$29.05	\$29.05	\$33.04	\$33.04
	64	\$33.97	\$33.97	\$28.96	\$28.96	\$29.05	\$29.05	\$33.04	\$33.04
PPO Family Plan with EHB	0-20	\$25.49	\$25.49	\$21.73	\$21.73	\$21.79	\$21.79	\$24.79	\$24.79
	21	\$48.33	\$48.33	\$44.99	\$44.99	\$41.71	\$41.71	\$42.86	\$42.86
	64	\$48.33	\$48.33	\$44.99	\$44.99	\$41.71	\$41.71	\$42.86	\$42.86
Premier Access Dental Smile for Kids	0-20	\$25.49	\$25.49	\$21.73	\$21.73	\$21.79	\$21.79	\$24.79	\$24.79
	21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Division Objections and Rate Changes During the Review Process

The Division requested for Premier to provide additional support concerning Commission levels, admin expense levels and tax levels in the retention load. Premier provided additional historical support.

The Division required Premier to provide claims data to support their dental claim trend levels. Premier was able to provide the experience to verify their trend levels.

Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/14/2013
Submitted Date	07/14/2013
Respond By Date	07/19/2013

Dear Alisha Sipin,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Please split out separately all taxes and fees included in the 4% state/Fed premium tax.

For the commissions and administrative retention components please provide detailed support for how they were developed. You indicated that "The expense assumptions used to develop the premiums are based on the companys actual costs developed from experience with other Group Insurance Forms."

Please demonstrate how the experience was used to determine these expense loads.

Please provide the actuarial support for how the 4% trend (3% dental pricing, 1% util) was developed.

Note that the state area definitions has Mineral County in area 10 now, versus your table which indicates Mineral County in area 8.

Conclusion:

If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/19/2013 which is within 5 calendar days from the date of this correspondence.

Failure to provide a full or complete response may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.

Sincerely,

Michael Muldoon

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/26/2013
Submitted Date	06/26/2013
Respond By Date	07/05/2013

Dear Alisha Sipin,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please provide the form number for the certificate of application and uniform application on the form schedule tab.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/05/2013, which is within 9 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/21/2013
Submitted Date	06/21/2013
Respond By Date	07/05/2013

Dear Alisha Sipin,

Introduction:

This filing has been received, but before further action can be taken, please address the following:

Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk.

Objection 3

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (6) Please provide the following information: Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

Objection 4

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (7) Please provide the following information: Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.

Objection 5

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (C): If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Objection 6

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (N) Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

- 1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.*
- 2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.*
- 3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.*

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.

a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.

b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

Objection 7

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (P) Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change. The corresponding projection calculations should also be included.

Objection 8

Comments: Please provide all factors used in determining the rates.

Conclusion:

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/05/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/05/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

Nichole Boggess

SERFF Tracking #:	PAIC-129075995	State Tracking #:	278992	Company Tracking #:	96766C0002
State:	Colorado	Filing Company:	Premier Access Insurance Company		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Dental Filing - EHB SHOP RATE				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/17/2013
Submitted Date	07/17/2013

Dear Nichole Boggess,

Introduction:

Premier Access Insurance Company has reviewed the below objections and has submitted additional information through the uploaded response document.

Response 1

Comments:

Please see the attached response letter.

Related Objection 1

Applies To:

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Please split out separately all taxes and fees included in the 4% state/Fed premium tax.

For the commissions and administrative retention components please provide detailed support for how they were developed. You indicated that "The expense assumptions used to develop the premiums are based on the companys actual costs developed from experience with other Group Insurance Forms."

Please demonstrate how the experience was used to determine these expense loads.

Please provide the actuarial support for how the 4% trend (3% dental pricing, 1% util) was developed.

Note that the state area definitions has Mineral County in area 10 now, versus your table which indicates Mineral County in area 8.

Changed Items:

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Colorado Actuarial Memo.Certificate
Comments:	
Attachment(s):	AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf CO DOI SHOP Response (7-11-2013).pdf Premier - CO DOI SHOP Response (7-17-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Actuarial Memo.Certificate</i>
Comments:	
Attachment(s):	<i>AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf CO DOI SHOP Response (7-11-2013).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Actuarial Memo.Certificate</i>
Comments:	
Attachment(s):	<i>AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

If you have additional questions please contact Alisha Sipin at 916-679-7001 or by email at alisha@premierlife.com.

Sincerely,
Alisha Sipin

SERFF Tracking #:	PAIC-129075995	State Tracking #:	278992	Company Tracking #:	96766C0002
State:	Colorado	Filing Company:	Premier Access Insurance Company		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Dental Filing - EHB SHOP RATE				
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/01/2013
Submitted Date	07/01/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

Please see the form numbers have been added to the certificate of application as well as the uniform application on the form schedule tab. Thanks.

Related Objection 1

Comments: Please provide the form number for the certificate of application and uniform application on the form schedule tab.

Changed Items:

No Supporting Documents changed.

State: Colorado Filing Company: Premier Access Insurance Company
 TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
 Product Name: PPACA Dental Filing - EHB SHOP RATE
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Certificate of Insurance	HBEX_PAD_CO_GP_COI_0613	POL	Initial				Date Submitted: 07/01/2013 By: Alisha Sipin
Previous Version								
1	Certificate of Insurance		POL	Initial				Date Submitted: 06/14/2013 By: Alisha Sipin
2	Uniform Application	Uniform Employee Application CO SG 01 (Revised 07/25/06)	AEF	Initial				Date Submitted: 07/01/2013 By: Alisha Sipin
Previous Version								
2	Uniform Application		AEF	Initial				Date Submitted: 06/14/2013 By: Alisha Sipin

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Alisha Sipin

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/01/2013
Submitted Date	07/01/2013

Dear Nichole Boggess,

Introduction:

Response 1

Comments:

This has been updated in the post-submission update.

Related Objection 1

Comments: Please update the requested filing mode on the general information tab to be file and use.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Thank you. I apologize for this mistake.

Related Objection 2

Comments: Once a filing has been submitted, the Lead Form Number cannot be changed. For future filings, please ensure that the Lead Form Number field has been completed. For more information and guidance on how to update the form schedule tab, please contact the SERFF help desk.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Extension requested through "Note to Reviewer".

Related Objection 3

Applies To:

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (6) Please provide the following information: Policy/Rider form: A listing of all policy/rider forms impacted by the filing (for standardized Medicare supplement, the plans should be identified).

Changed Items:

No Supporting Documents changed.

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Extension requested through "Note to Reviewer".

Related Objection 4

Applies To:

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (A) (7) Please provide the following information: Age basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age or other basis and the issue age range of the form should be specified.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Extension requested through "Note to Reviewer".

Related Objection 5

Applies To:

- Colorado Actuarial Memo.Certificate (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (C): If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Extension requested through "Note to Reviewer".

Related Objection 6

Applies To:

- Colorado Actuarial Memo.Certificate (Supporting Document)

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

Comments: Regulation 4-2-11 Section 6 (N) Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

- 1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.*
- 2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.*
- 3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.*
- 4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.*
 - a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.*
 - b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.*

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7**Comments:**

Extension requested through "Note to Reviewer".

Related Objection 7

Applies To:

- Colorado Actuarial Memo.Certificate (Supporting Document)*

Comments: Regulation 4-2-11 Section 6 (P) Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change. The corresponding projection calculations should also be included.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

No Rate/Rule Schedule items changed.

Response 8

Comments:

Extension requested through "Note to Reviewer".

Related Objection 8

Comments: Please provide all factors used in determining the rates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Alisha Sipin

SERFF Tracking #:	PAIC-129075995	State Tracking #:	278992	Company Tracking #:	96766C0002
State:	Colorado	Filing Company:	Premier Access Insurance Company		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Dental Filing - EHB SHOP RATE				
Project Name/Number:	/				

Amendment Letter

Submitted Date: 07/12/2013

Comments:

Nichole - Thank you for allowing our actuary additional time to address your concerns. I have attached his response to your objections 3-8. If you have additional questions, comments and/or concerns please let me know. Thanks.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Colorado Actuarial Memo.Certificate
Comments:	
Attachment(s):	AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf CO DOI SHOP Response (7-11-2013).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Colorado Actuarial Memo.Certificate</i>
Comments:	
Attachment(s):	<i>AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf</i>

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

Note To Filer

Created By:

Nichole Boggess on 08/05/2013 02:00 PM

Last Edited By:

Nichole Boggess

Submitted On:

08/05/2013 02:00 PM

Subject:

Disposition letter

Comments:

Attached is the correct letter with additional details.

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Note To Filer

Created By:

Rachel Plummer on 07/26/2013 01:38 PM

Last Edited By:

Cathy Gilliland

Submitted On:

07/26/2013 01:59 PM

Subject:

Mineral County Clarification

Comments:

You included Mineral county in the correct Rating Area initially. So, no further action is required in regards to Mineral county.

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Note To Reviewer

Created By:

Alisha Sipin on 07/25/2013 12:22 AM

Last Edited By:

Cathy Gilliland

Submitted On:

07/26/2013 01:59 PM

Subject:

Mineral County Clarification

Comments:

Is there something that needs to be submitted for Mineral County?

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Note To Filer

Created By:

Rachel Plummer on 07/23/2013 02:18 PM

Last Edited By:

Cathy Gilliland

Submitted On:

07/26/2013 01:59 PM

Subject:

Mineral County Clarification

Comments:

This is a followup of the objection written on 7/14/2013,

Mineral should be in area 8, not 10. We apologize for this confusion.

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

Note To Filer

Created By:

Nichole Boggess on 07/10/2013 04:06 PM

Last Edited By:

Cathy Gilliland

Submitted On:

07/26/2013 01:59 PM

Subject:

Objections

Comments:

Please provide your responses to objections 3 - 8 no later than 7/12/13.

State: Colorado**Filing Company:** Premier Access Insurance Company**TOI/Sub-TOI:** H10G Group Health - Dental/H10G.000 Health - Dental**Product Name:** PPACA Dental Filing - EHB SHOP RATE**Project Name/Number:** /

Note To Filer

Created By:

Nichole Boggess on 07/02/2013 01:23 PM

Last Edited By:

Cathy Gilliland

Submitted On:

07/26/2013 01:59 PM

Subject:

Extension approved

Comments:

Extension has been approved until July 12, 2013.

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Note To Reviewer

Created By:

Alisha Sipin on 07/01/2013 05:11 PM

Last Edited By:

Cathy Gilliland

Submitted On:

07/26/2013 01:59 PM

Subject:

Actuarial Certification Extension

Comments:

Please accept this as our official request for additional time with regards to the actuarial certifications as our actuary is out on vacation. We would like to propose a requested submission date of 7/12/13. Please contact me if you have questions. Thanks

State: Colorado **Filing Company:** Premier Access Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: PPACA Dental Filing - EHB SHOP RATE
Project Name/Number: /

Post Submission Update Request Processed On 07/05/2013

Status: Allowed
Created By: Alisha Sipin
Processed By: Nichole Boggess
Comments:

General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	

SERFF Tracking #:

PAIC-129075995

State Tracking #:

278992

Company Tracking #:

96766C0002

State:

Colorado

Filing Company:

Premier Access Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

PPACA Dental Filing - EHB SHOP RATE

Project Name/Number:

/

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Certificate of Insurance	HBEX_PAD_CO_GP_C OI_0613	POL	Initial			
2		Uniform Application	Uniform Employee Application CO SG 01 (Revised 07/25/06)	AEF	Initial			
3		Schedule of Benefits - English	HBEX_CO_SHOP_EHB_SOB_ENG	POL	Initial			
4		Schedule of Benefits - Spanish	HBEX_CO_SHOP_EHB_SOB_ESP	POL	Initial			
5		Schedule of Benefits - English	HBEX_CO_SHOP_PPO_SOB_ENG	POL	Initial			
6		Schedule of Benefits - Spanish	HBEX_CO_SHOP_PPO_SOB_ESP	POL	Initial			

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
7		Schedule of Benefits - English	HBEX_CO_SHOP_PLUS_SOB_ENG	POL	Initial			
8		Schedule of Benefits - Spanish	HBEX_CO_SHOP_PLUS_SOB_ESP	POL	Initial			

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

SERFF Tracking #:	PAIC-129075995	State Tracking #:	278992	Company Tracking #:	96766C0002
State:	Colorado	Filing Company:	Premier Access Insurance Company		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Dental Filing - EHB SHOP RATE				
Project Name/Number:	/				

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Premier Access Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State:	Colorado	Filing Company:	Premier Access Insurance Company
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental		
Product Name:	PPACA Dental Filing - EHB SHOP RATE		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		EHB SHOP RATE TABLES		New		CO SHOP RATE TABLE FOR NON-BINDER FILING.pdf,



SHOP PLAN - RATE TABLE

	Premier Access Dental <u>Smile for Kids</u>	PPO Family Plan with <u>EHB</u>		PLUS Family Plan with <u>EHB</u>	
	1 Child*	1 Child*	1 Adult	1 Child*	1 Adult
Region 1	23.63	23.63	47.51	23.63	31.49
Region 2	25.82	25.82	49.16	25.82	34.42
Region 3	25.49	25.49	48.33	25.49	33.97
Region 4	21.73	21.73	44.99	21.73	28.96
Region 5	21.79	21.79	41.71	21.79	29.05
Region 6	21.71	21.71	44.68	21.71	28.94
Region 7	24.79	24.79	42.86	24.79	33.04
Region 8	22.62	22.62	41.27	22.62	30.15
Region 9	20.93	20.93	44.32	20.93	27.90
Region 10	21.81	21.81	41.47	21.81	29.07
Region 11	24.23	24.23	46.58	24.23	32.30

* Child = Under 19

RATING AREA

Rating Area ID	County Name
Rating Area 1	Boulder
Rating Area 2	El Paso
Rating Area 2	Teller
Rating Area 3	Adams
Rating Area 3	Arapahoe
Rating Area 3	Broomfield
Rating Area 3	Clear Creek
Rating Area 3	Denver
Rating Area 3	Douglas
Rating Area 3	Elbert
Rating Area 3	Gilpin
Rating Area 3	Jefferson
Rating Area 3	Park
Rating Area 4	Larimer
Rating Area 5	Mesa
Rating Area 6	Weld
Rating Area 7	Pueblo
Rating Area 8	Baca
Rating Area 8	Bent
Rating Area 8	Cheyenne
Rating Area 8	Crowley
Rating Area 8	Custer
Rating Area 8	Fremont
Rating Area 8	Huefano
Rating Area 8	Kiowa
Rating Area 8	Kit Carson
Rating Area 8	Las Animas
Rating Area 8	Lincoln
Rating Area 8	Mineral
Rating Area 8	Otero
Rating Area 8	Prowers
Rating Area 8	Alamosa

Rating Area ID	County Name
Rating Area 8	Chaffee
Rating Area 8	Conejos
Rating Area 8	Costilla
Rating Area 8	Rio Grande
Rating Area 8	Saguache
Rating Area 9	Logan
Rating Area 9	Morgan
Rating Area 9	Phillips
Rating Area 9	Sedgwick
Rating Area 9	Washington
Rating Area 9	Yuma
Rating Area 10	Archuleta
Rating Area 10	Delta
Rating Area 10	Dolores
Rating Area 10	Grand
Rating Area 10	Gunnison
Rating Area 10	Hinsdale
Rating Area 10	Jackson
Rating Area 10	La Plata
Rating Area 10	Lake
Rating Area 10	Moffat
Rating Area 10	Montezuma
Rating Area 10	Montrose
Rating Area 10	Ouray
Rating Area 10	Rio Blanco
Rating Area 10	Routt
Rating Area 10	San Juan
Rating Area 10	San Miguel
Rating Area 11	Eagle
Rating Area 11	Garfield
Rating Area 11	Pitkin
Rating Area 11	Summit

SERFF Tracking #:	PAIC-129075995	State Tracking #:	278992	Company Tracking #:	96766C0002
State:	Colorado	Filing Company:	Premier Access Insurance Company		
TOI/Sub-TOI:	H10G Group Health - Dental/H10G.000 Health - Dental				
Product Name:	PPACA Dental Filing - EHB SHOP RATE				
Project Name/Number:	/				

Supporting Document Schedules

Bypassed - Item:	HR-1 Form (H)
Bypass Reason:	Per DORA (Tara Smith) instructions the Certificate of New Forms is not required in the Rate Filing.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Colorado Actuarial Memo.Certificate
Comments:	
Attachment(s):	AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf CO DOI SHOP Response (7-11-2013).pdf Premier - CO DOI SHOP Response (7-17-2013).pdf
Item Status:	
Status Date:	



Premier Access Insurance Company
Group Dental Insurance Policy
Actuarial Memorandum
Policy Number 96766CO0020001

A. Summary

1. **Reasons:** The purpose of this memorandum is to describe the benefits and assumptions for the attached Group Dental Insurance Policy, and to certify that this Form is in compliance with applicable laws and regulations of the state. This memorandum is not intended to be used for any other purpose.
2. **Requested Rate Action:** This is a new product filing with no existing business under this Policy form.
3. **Marketing Method:** This Policy is intended to be distributed to employer groups, and associations through independent agents and brokers
4. **Premium Classification:** The rates and benefits do not vary by age, industry, or any demographic factors other than area.
5. **Product Description:** Plan designs may include any of the benefits listed below. This Form is designed to provide Dental Insurance benefits for dependents of employees and members of employer groups and associations. It is intended to be offered to Children on the Colorado SHOP Exchange. After an initial 12 month contract period, the contract is renewable on a month to month basis. The premiums may be paid by the employee, employer, member, association, or any combination.
 - Benefits include coverage for the following types of dental services: preventive, diagnostic, basic, major, and medically necessary orthodontics.
 - The plan design includes a deductible and coinsurance that can vary by type of service. There are also frequency limits and age limits for certain procedures, as defined in the Policy. The pediatric benefits in this policy meet the definition of the Essential Health Benefits under ACA.
 - For network providers the benefit payable for each procedure under this Policy is based on a fee schedule accepted by the network of participating providers in the state. For non-network providers the benefit payable for each procedure under this Policy may also be based on this network fee schedule (Plus plan); or may be based on submitted charges limited to the company's UCR fee schedule (PPO plan).

6. Policy/Rider form: Only the Policy Form listed in the heading of this actuarial memorandum will be impacted by this filing.
7. Age Basis: There is only one age-related rate basis for this product: Children < age 19.
8. Renewability Provision: This is an Optionally Renewable Policy form for an annually rated Group Policy.

B. Assumption or Acquisition

The Policy form included with this rate filing was not part of an assumption or acquisition.

C. Rating Period

The rating methodology used to produce rates under this Policy form applies to all rating periods and will become effective on 1/1/2014.

D. Underwriting

This Policy is guaranteed issued. There is no individual underwriting of this Policy.

E. Effect of Law Changes

This is a new product filing, and as such there are no changes to the rates, expenses, or medical costs under this Policy form due to changes in laws or regulations.

F. Rate History

There is currently no existing business on this Form, so there is no rate history.

G. Coordination of Benefits

Since this is a new product filing, there is no loss experience net of savings associated with COB or subrogation.

H. Relation of Benefits to Premium

The State-mandated minimum anticipated benefit ratio for Dental / Vision products is 60%. The target loss ratio for this Form is 70% at all durations. The expense assumptions used to develop the premiums are based on the company's actual costs developed from experience with other Group Insurance Forms.

Retention Elements	
Commissions	11.00%
Premium Tax (S/F)	4.00%
Risk Margin	2.50%
Administration	12.50%
Total Retention	30.00%

I. Lifetime Loss Ratio

This is an optionally renewable Policy form for an annually rated Group Policy. Active life reserves, persistency assumptions and interest/discount rates are not applicable with annually renewable group term insurance. The lifetime loss ratio is expected to be equivalent to the target loss ratio of 70% at each Policy duration.

J. Provision for Profit and Contingencies

This Form includes a risk margin (provision for profit and contingency) of 2.5% of premium as shown in the Retention Elements table above. This is sufficient to meet the Company's return on investment target with respect to its risk based capital requirements. Since this is an annually rated group Policy, investment income from unearned premium reserves and incurred but not reported reserves are not applicable and immaterial, respectively.

K. Explanation of Proposed Rate Development

As shown in the attached Exhibit I, claim costs for this plan are initially calculated separately for each of 27 categories of dental services (cleanings, exams, fluoride, etc) separately by adult and child, and by in-network and out-of-network. These initial total charges are calculated by taking the product of the state-wide average charges for each category of service and the average annual utilization rates for each category of service. These average charges are based on the negotiated network fee schedules. The average utilization rates have been provided by an actuarial consulting firm, AWMS, and are based on experience data contributed by the firm's dental clients during the period 2010-2012. These resulting initial total charges by category are then combined into three classes (preventive, basic, major, and orthodontia) by summing up, and are then converted to monthly costs by dividing by 12. The resulting base monthly charges are then adjusted for six month's trend, deductibles, and coinsurance to derive the monthly claim costs. The adjustments for deductibles are based on factors provided by AWMS. These monthly claim costs are then summed into in-network and out-of-network sub-totals, weighted by the assumed network penetration and combined, and finally divided by the target loss ratio to result in the projected monthly premium rates. Exhibit I below provides sample documentation for the average statewide calculations. The statewide premiums are then adjusted by a factor for each of the 11 rating regions in Colorado, as described below.

L. Trend

The rates shown in this actuarial memo will be used for effective dates beginning in 2014. An annual trend factor, currently 4%, will be used to derive the premiums rates for effective dates beginning after 2014. This trend factor is currently based on a projected annual increase of 3% in dental prices and 1% in utilization rates.

M. Credibility

This is a new product filing. There is currently no business in Colorado or nationally.

N. Data Requirements

This is a new product filing. There is currently no business in Colorado or nationally.

O. Side-by-Side Comparison

Since this is a new product filing, a side-by-side comparison is not applicable.

P. Benefit Ratio Projections

Since this is an annually rated group insurance Policy form, the lifetime loss ratio is expected to be equivalent to the target loss ratio at each Policy duration. The 70% lifetime loss ratio is expected to equal the annual target loss ratio of 70% in each policy year.

Q. Other Factors/Information**1.Area Factors**

The rates do vary by area according to the 11 rating regions in the state. The actual area factors used were developed by initially calculating a weighted average fee for the entire state for all services. This weighted average was calculated by first using assumed utilization rates for the top 177 procedure codes times the network fee for each procedure to get an average fee for each network fee schedule in use in the state. Each of these average fees was then weighted by the percentage of the state's population assumed to access providers on that fee schedule with the result being an average statewide dental fee. A similar process was then used to calculate an average dental fee for each of the 11 rating regions in the state. The ratios of the average fee for each region to the average fee for the state are the area factors.

2.Premium Modalization Rules

This Form can be billed weekly, bi-weekly, monthly, quarterly, semiannually, or annually. Weekly premiums are 1/52 of annual premiums, bi-weekly premiums are 1/26 of annual premiums, and monthly premiums are 1/12 of annual premiums. Quarterly premiums are 1/4 of annual premiums. Semiannual premiums are 1/2 of annual premiums.

3.Claim Liability and Reserves

An incurred but not reported claim reserve will be held for this Form. This reserve will be estimated based on the previous 12-months of claim lag data (claims by incurred and paid date).

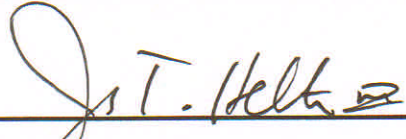
R. Rating Manuals and Underwriting Guidelines

The rates for this Policy are based on a rate table that varies by the 11 rating regions within the state. These rates are:

	CO agg	1	2	3	4	5	6	7	8	9	10	11
Ped Plan - 70%												
1 child	24.45	23.63	25.82	25.49	21.73	21.79	21.71	24.79	22.62	20.93	21.81	24.23

Actuarial Certification

I, James T. Helton III, am a Fellow of the Society of Actuaries, and a Member of the American Academy of Actuaries, and meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries. I certify that to the best of my knowledge and judgment, this filing is in compliance with the applicable laws of the State of Colorado and with the rules of the Department of Insurance; and complies with Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board. The premiums are neither excessive, inadequate, nor unfairly discriminatory; and the benefits provided are reasonable in relation to the premiums charged.



Consulting Actuary

6/11/13
Date

Exhibit I											
Average Charges and Utilization											
In-Network						Out-Of-Network					
Cat Code	Category of Service	Child Type Of Service	Child Average Charge	Child Utilization Per 1000	Child Total Ann Cost	Cat Code	Category of Service	Child Type Of Service	Child Average Charge	Child Utilization Per 1000	Child Total Ann Cost
cl	Cleanings	A	52	633	33.13	cl	Cleanings	A	52	633	33.13
ex	Exams	A	33	1092	36.26	ex	Exams	A	33	1092	36.26
fl	Fluoride	A	25	609	15.17	fl	Fluoride	A	25	609	15.17
se	Sealants	A	37	392	14.72	se	Sealants	A	37	392	14.72
sm	Space Maintainers	A	266	10	2.58	sm	Space Maintainers	A	266	10	2.58
ep	Emergency Pain	A	64	2	0.14	ep	Emergency Pain	A	64	2	0.14
rb	Radiographs - Bitewings	A	28	465	12.85	rb	Radiographs - Bitewings	A	28	465	12.85
rf	Radiographs - FMX	B	77	112	8.58	rf	Radiographs - FMX	B	77	112	8.58
fi	Restorations (Amalgams &	B	101	450	45.56	fi	Restorations (Amalgams	B	101	450	45.56
cfi	Restorations (Posterior Re	B	139	43	5.98	cfi	Restorations (Posterior R	B	139	43	5.98
sie	Simple Extractions	B	123	102	12.57	sie	Simple Extractions	B	123	102	12.57
sue	Surgical Extractions	B	406	72	29.30	sue	Surgical Extractions	B	406	72	29.30
os	Oral Surgery	C	446	4	1.65	os	Oral Surgery	C	446	4	1.65
en	Endodontics	B	277	28	7.67	en	Endodontics	B	277	28	7.67
pm	Periodontal Maintenance	na	94	0	0.04	pm	Periodontal Maintenance	na	94	0	0.04
mip	Non-Surgical Periodontics	na	132	3	0.39	mip	Non-Surgical Periodontic	na	132	3	0.39
map	Surgical Periodontics	na	380	1	0.40	map	Surgical Periodontics	na	380	1	0.40
in	Inlays	C	585	0	0.04	in	Inlays	C	585	0	0.04
on	Onlays	C	711	0	0.20	on	Onlays	C	711	0	0.20
cr	Crowns	C	318	36	11.35	cr	Crowns	C	318	36	11.35
crr	Crown Repairs	C	66	1	0.06	crr	Crown Repairs	C	66	1	0.06
br	Bridges	C	638	0	0.28	br	Bridges	C	638	0	0.28
brr	Bridge Repairs	C	90	0	0.00	brr	Bridge Repairs	C	90	0	0.00
de	Dentures	C	1025	0	0.15	de	Dentures	C	1025	0	0.15
der	Denture Repairs	C	107	0	0.02	der	Denture Repairs	C	107	0	0.02
an	Anesthesia	C	268	39	10.44	an	Anesthesia	C	268	39	10.44
o	Orthodontic Coverage	D	4500	7	33.61	o	Orthodontic Coverage	D	4500	7	33.61

In-Network				Out-Of-Network			
Service	Child Total Annual CC	Child Total Annual Util	Child Total Monthly CC	Service	Child Total Annual CC	Child Total Annual Util	Child Total Monthly CC
Class A	114.84	3203	9.57	Class A	114.84	3203	9.57
Class B	109.65	807	9.14	Class B	109.65	807	9.14
Class C	24.19	80	2.02	Class C	24.19	80	2.02
Class D (Ortho)	33.61	7	2.80	Class D (Ortho)	33.61	7	2.80
Total	282.28	4098	23.52	Total	282.28	4098	23.52

Calculation		In-Network				Out-of-Network			
Step		In-Network CHILD				Out-of-Network CHILD			
		A	B	C	Ortho	A	B	C	Ortho
1	Base Monthly Charges	9.570	9.138	2.016	2.801	9.570	9.138	2.016	2.801
2	Trend Adjustment	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015
3	Sub-Total 1	9.713	9.275	2.046	2.842	9.713	9.275	2.046	2.842
4	Deductible Adjustment +/	0.000	-2.374	-0.180	0.000	0.000	-2.374	-0.180	0.000
5	Sub-Total 2	9.713	6.901	1.866	2.842	9.713	6.901	1.866	2.842
6	Plan Max Adjustment	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
7	Coinsurance Adjustment	1.000	0.520	0.520	1.000	1.000	0.520	0.520	1.000
8	Sub-Total 3	9.713	3.588	0.970	2.842	9.713	3.588	0.970	2.842

		In-Network		Out-of-Network	
		Child		Child	
9	Combined Sub-Total	17.11		17.11	
10	Penetration Assumption	0.308		0.692	
11	Sub-Total 4	5.272		11.842	

		Blended	
		Child	
12	Blended In & Out Claim C	17.11	
13	PPO pepm Fee	0.00	
14	Expense Percentage	70.0%	
15	Premium	24.45	

16	Manual Rates	Manual Rates By Tier Structure			
		1 Tier	Per Child	24.45	

	Gross Monthly Charges - IN Child	23.88
	Net Monthly Charges - IN Child	17.11
	Actuarial Value -IN Child	71.7%



Premier Access Insurance Company
Group Dental Insurance Policy
Actuarial Memorandum
Policy Number 96766CO0020002 and 96766CO0020003

A. Summary

1. **Reasons:** The purpose of this memorandum is to describe the benefits and assumptions for the attached Group Dental Insurance Policy, and to certify that this Form is in compliance with applicable laws and regulations of the state. This memorandum is not intended to be used for any other purpose.
2. **Requested Rate Action:** This is a new product filing with no existing business under this Policy form.
3. **Marketing Method:** This Policy is intended to be distributed to employer groups, and associations through independent agents and brokers
4. **Premium Classification:** The rates and benefits do not vary by age, industry, or any demographic factors other than area.
5. **Product Description:** Plan designs may include any of the benefits listed below. This Form is designed to provide Dental Insurance benefits for employees and members of employer groups and associations and their dependents. It is intended to be offered to Families on the Colorado SHOP Exchange. After an initial 12 month contract period, the contract is renewable on a month to month basis. The premiums may be paid by the employee, employer, member, association, or any combination.
 - Benefits include coverage for the following types of dental services: preventive, diagnostic, basic, major, and medically necessary orthodontics for children.
 - The plan design includes a deductible, coinsurance that can vary by type of service, and annual maximums (applies to adults only). There are also frequency limits and age limits for certain procedures, as defined in the Policy. The pediatric benefits in this policy meet the definition of the Essential Health Benefits under ACA.
 - For network providers the benefit payable for each procedure under this Policy is based on a fee schedule accepted by the network of participating providers in the state. For non-network providers the benefit payable for each procedure under this Policy may also be based on this network fee schedule (Plus plan); or may be based on submitted charges limited to the company's UCR fee schedule (PPO plan).

6. Policy/Rider form: Only the Policy Form listed in the heading of this actuarial memorandum will be impacted by this filing.
7. Age Basis: There are only two age-related rate bases for this product: Adult (> age 19) and Child (< age 19).
8. Renewability Provision: This is an Optionally Renewable Policy form for an annually rated Group Policy.

B. Assumption or Acquisition

The Policy form included with this rate filing was not part of an assumption or acquisition.

C. Rating Period

The rating methodology used to produce rates under this Policy form applies to all rating periods and will become effective on 1/1/2014.

D. Underwriting

This Policy is guaranteed issued. There is no individual underwriting of this Policy.

E. Effect of Law Changes

This is a new product filing, and as such there are no changes to the rates, expenses, or medical costs under this Policy form due to changes in laws or regulations.

F. Rate History

There is currently no existing business on this Form, so there is no rate history.

G. Coordination of Benefits

Since this is a new product filing, there is no loss experience net of savings associated with COB or subrogation.

H. Relation of Benefits to Premium

The State-mandated minimum anticipated benefit ratio for Dental / Vision products is 60%. The target loss ratio for this Form is 70% at all durations. The expense assumptions used to develop the premiums are based on the company's actual costs developed from experience with other Group Insurance Forms.

Retention Elements	
Commissions	11.00%
Premium Tax (S/F)	4.00%
Risk Margin	2.50%
Administration	12.50%
Total Retention	30.00%

I. Lifetime Loss Ratio

This is an optionally renewable Policy form for an annually rated Group Policy. Active life reserves, persistency assumptions and interest/discount rates are not applicable with annually renewable group term insurance. The lifetime loss ratio is expected to be equivalent to the target loss ratio of 70% at each Policy duration.

J. Provision for Profit and Contingencies

This Form includes a risk margin (provision for profit and contingency) of 2.5% of premium as shown in the Retention Elements table above. This is sufficient to meet the Company's return on investment target with respect to its risk based capital requirements. Since this is an annually rated group Policy, investment income from unearned premium reserves and incurred but not reported reserves are not applicable and immaterial, respectively.

K. Explanation of Proposed Rate Development

As shown in the attached Exhibit I, claim costs for this plan are initially calculated separately for each of 27 categories of dental services (cleanings, exams, fluoride, etc) separately by adult and child, and by in-network and out-of-network. These initial total charges are calculated by taking the product of the state-wide average charges for each category of service and the average annual utilization rates for each category of service. These average charges are based on the negotiated network fee schedules. The average utilization rates have been provided by an actuarial consulting firm, AWMS, and are based on experience data contributed by the firm's dental clients during the period 2010-2012. These resulting initial total charges by category are then combined into three classes (preventive, basic, major, and orthodontia) by summing up, and are then converted to monthly costs by dividing by 12. The resulting base monthly charges are then adjusted for six month's trend, deductibles, and coinsurance to derive the monthly claim costs. The adjustments for deductibles are based on factors provided by AWMS. These monthly claim costs are then summed into in-network and out-of-network sub-totals, weighted by the assumed network penetration and combined, and finally divided by the target loss ratio to result in the projected monthly premium rates. Exhibit I below provides sample documentation for the average statewide adult calculations. The statewide premiums are then adjusted by a factor for each of the 11 rating regions in Colorado, as described below.

L. Trend

The rates shown in this actuarial memo will be used for effective dates beginning in 2014. An annual trend factor, currently 4%, will be used to derive the premiums rates for effective dates beginning after 2014. This trend factor is currently based on a projected annual increase of 3% in dental prices and 1% in utilization rates.

M. Credibility

N. Data Requirements

This is a new product filing. There is currently no business in Colorado or nationally.

O. Side-by-Side Comparison

Since this is a new product filing, a side-by-side comparison is not applicable.

P. Benefit Ratio Projections

Since this is an annually rated group insurance Policy form, the lifetime loss ratio is expected to be equivalent to the target loss ratio at each Policy duration. The 70% lifetime loss ratio is expected to equal the annual target loss ratio of 70% in each policy year.

Q. Other Factors/Information**1.Area Factors**

The rates do vary by area according to the 11 rating regions in the state. The actual area factors used were developed by initially calculating a weighted average fee for the entire state for all services. This weighted average was calculated by first using assumed utilization rates for the top 177 procedure codes times the network fee for each procedure to get an average fee for each network fee schedule in use in the state. Each of these average fees was then weighted by the percentage of the state's population assumed to access providers on that fee schedule with the result being an average statewide dental fee. A similar process was then used to calculate an average dental fee for each of the 11 rating regions in the state. The ratios of the average fee for each region to the average fee for the state are the area factors.

2.Premium Modalization Rules

This Form can be billed weekly, bi-weekly, monthly, quarterly, semiannually, or annually. Weekly premiums are 1/52 of annual premiums, bi-weekly premiums are 1/26 of annual premiums, and monthly premiums are 1/12 of annual premiums. Quarterly premiums are 1/4 of annual premiums. Semiannual premiums are 1/2 of annual premiums.

3.Claim Liability and Reserves

An incurred but not reported claim reserve will be held for this Form. This reserve will be estimated based on the previous 12-months of claim lag data (claims by incurred and paid date).

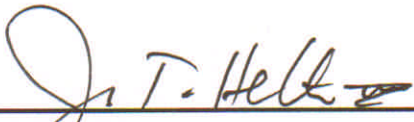
R. Rating Manuals and Underwriting Guidelines

The rates for this Policy are based on a rate table that varies by the 11 rating regions within the state, and are separate for Adults and Children. These rates are:

	CO agg	1	2	3	4	5	6	7	8	9	10	11
Ped Plan - 70%												
1 child	24.45	23.63	25.82	25.49	21.73	21.79	21.71	24.79	22.62	20.93	21.81	24.23
SHOP Supp - PPO												
1 adult	46.81	47.51	49.16	48.33	44.99	41.71	44.68	42.86	41.27	44.32	41.47	46.58
SHOP Supp - Plus												
1 adult	32.59	31.49	34.42	33.97	28.96	29.05	28.94	33.04	30.15	27.90	29.07	32.30

Actuarial Certification

I, James T. Helton III, am a Fellow of the Society of Actuaries, and a Member of the American Academy of Actuaries, and meet the "Qualification Standards of Actuarial Opinion" as adopted by the American Academy of Actuaries. I certify that to the best of my knowledge and judgment, this filing is in compliance with the applicable laws of the State of Colorado and with the rules of the Department of Insurance; and complies with Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board. The premiums are neither excessive, inadequate, nor unfairly discriminatory; and the benefits provided are reasonable in relation to the premiums charged.



Consulting Actuary

6/11/13

Date

Exhibit I											
Average Charges and Utilization											
In-Network						Out-Of-Network					
Cat	Adult	Adult	Adult	Adult		Cat	Adult	Adult	Adult	Adult	
Code	Type Of Service	Average Charge	Utilization Per 1000	Total Ann Cost		Code	Type Of Service	Average Charge	Utilization Per 1000	Total Ann Cost	
cl	Cleanings	A	63	901	56.55	cl	Cleanings	A	63	901	56.55
ex	Exams	A	34	1032	35.12	ex	Exams	A	34	1032	35.12
fl	Fluoride	n/a	26	55	1.43	fl	Fluoride	n/a	26	55	1.43
se	Sealants	n/a	37	0	0.00	se	Sealants	n/a	37	0	0.00
sm	Space Maintainers	n/a	240	0	0.00	sm	Space Maintainers	n/a	240	0	0.00
ep	Emergency Pain	A	64	8	0.53	ep	Emergency Pain	A	64	8	0.53
rb	Radiographs - Bitewings	A	28	809	22.65	rb	Radiographs - Bitewings	A	28	809	22.65
rf	Radiographs - FMX	A	81	153	12.30	rf	Radiographs - FMX	A	81	153	12.30
fi	Restorations (Amalgams & Ante	B	110	446	48.98	fi	Restorations (Amalgams & Ante	B	110	446	48.98
cfi	Restorations (Posterior Resin)	B	145	33	4.85	cfi	Restorations (Posterior Resin)	B	145	33	4.85
sie	Simple Extractions	B	127	117	14.86	sie	Simple Extractions	B	127	117	14.86
sue	Surgical Extractions	B	279	32	8.89	sue	Surgical Extractions	B	279	32	8.89
os	Oral Surgery	B	252	2	0.44	os	Oral Surgery	B	252	2	0.44
en	Endodontics	B	592	53	31.43	en	Endodontics	B	592	53	31.43
pm	Periodontal Maintenance	B	94	56	5.29	pm	Periodontal Maintenance	B	94	56	5.29
mip	Non-Surgical Periodontics	B	135	82	11.05	mip	Non-Surgical Periodontics	B	135	82	11.05
map	Surgical Periodontics	B	555	6	3.28	map	Surgical Periodontics	B	555	6	3.28
in	Inlays	C	310	1	0.20	in	Inlays	C	310	1	0.20
on	Onlays	C	708	3	1.80	on	Onlays	C	708	3	1.80
cr	Crow ns	C	574	142	81.47	cr	Crowns	C	574	142	81.47
crr	Crown Repairs	C	66	12	0.80	crr	Crown Repairs	C	66	12	0.80
br	Bridges	C	724	12	8.46	br	Bridges	C	724	12	8.46
brr	Bridge Repairs	C	90	0	0.01	brr	Bridge Repairs	C	90	0	0.01
de	Dentures	C	946	10	9.34	de	Dentures	C	946	10	9.34
der	Denture Repairs	C	135	7	0.93	der	Denture Repairs	C	135	7	0.93
an	Anesthesia	B	231	10	2.19	an	Anesthesia	B	231	10	2.19
o	Orthodontic Coverage	D	0	15	0.00	o	Orthodontic Coverage	D	0	15	0.00

In-Network					Out-Of-Network				
Service	Adult Total Annual CC	Adult Total Annual Util	Adult Total Monthly CC		Service	Adult Total Annual CC	Adult Total Annual Util	Adult Total Monthly CC	
Class A	127.15	2903	10.60		Class A	127.15	2903	10.60	
Class B	131.25	836	10.94		Class B	131.25	836	10.94	
Class C	103.00	186	8.58		Class C	103.00	186	8.58	
Class D (Ortho)	0.00	15	0.00		Class D (Ortho)	0.00	15	0.00	
Total	361.40	3940	30.12		Total	361.40	3940	30.12	

Calculation		In-Network				Out-Of-Network			
Step		In-Network ADULT				Out-Of-Network ADULT			
		A	B	C	Ortho	A	B	C	Ortho
1	Base Monthly Charges	10.596	10.938	8.583	0.000	10.596	10.938	8.583	0.000
2	Trend Adjustment	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015
3	Sub-Total 1	10.755	11.102	8.712	0.000	10.755	11.102	8.712	0.000
4	Deductible Adjustment +/-	0.000	-1.210	-0.470	0.000	0.000	-1.210	-0.470	0.000
5	Sub-Total 2	10.755	9.892	8.242	0.000	10.755	9.892	8.242	0.000
6	Plan Max Adjustment	1.000	1.000	0.860	1.000	1.000	1.000	0.860	1.000
7	Coinsurance Adjustment	1.000	0.800	0.500	1.000	1.000	0.800	0.500	1.000
8	Sub-Total 3	10.755	7.914	3.544	0.000	10.755	7.914	3.544	0.000
		In-Network				Out-Of-Network			
		Adult				Adult			
9	Combined Sub-Total	22.21				22.21			
10	Penetration Assumption	0.308				0.692			
11	Sub-Total 4	6.843				15.369			
		Blended							
		Adult							
12	Blended In & Out Claim Cost	22.21							
13	PPO pepm Fee	0.60							
14	Expense Percentage	70.0%							
15	Premium	32.59							
16	Manual Rates	Manual Rates By Tier Structure							
		1 Tier	Per Adult						
					32.59				



July 11, 2013

TO: Nichole Boggess
Colorado Department of Insurance

RE: Premier Access Insurance Company
SERFF Tracking #: PAIC-129075995
State Tracking #: 278991
Policy Form Numbers: 96766CO0020001, 96766CO0020002, and 96766CO0020003

Dear Ms. Boggess:

The following response is in reference to your Objection letter dated June 21, 2013 addressed to Alisha Sipin. This response applies to Objections 3 through 8 related to the Actuarial Memorandums accompanying the product filings referenced above. Responses to Objections 1 and 2 will be provided separately.

Objection 3

“Please provide ...a listing of all policy/rider forms impacted by the filing.”

The Policy Forms affected by this filing are:

96766CO0020001
96766CO0020002
96766CO0020003

Objection 4

“Age Basis: A statement as to whether the premiums will be charged on an issue age, attained age, renewal age, or other basis and the issue age range of the form should be specified.”

The premiums for these Policy Forms are charged on an attained age basis. There are only two age brackets for these Policy Forms: Children and Adults. Children are defined as insureds less than age 19 and adults are defined as insureds greater than or equal to age 19. This Policy Form can be issued to all ages.

Objection 5

“If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.”

The length of the rating period for the rates in this filing will be for 12-months starting from any issue date in 2014.

Objection 6

“The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.”

This product filing is for a new policy form. The Colorado-only experience information requested does not currently exist for this policy form.

“1. Pharmacy claims data . . . should also be shown separately”.

This product does not cover pharmacy claims, but covers only dental claims.

“2. National or other relevant data shall be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information.”

This product filing is for a new policy form. The experience information requested does not currently exist for this policy form.

“3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.”

The data used to develop the rates for this new product was based on nationwide dental experience for comparable products from the AWMS client base. The following table summarizes the experience used in this database.

Comparable Product - Industrywide Experience (National Experience)								
Calendar Year*	Earned Premium	Incurred Claims	Est. Incurred Claims	Estimated IBNR Claims	Loss Ratio	Ave. Covered Lives	Ave. Covered Subscribers	Number of Claims
2010	66,943,978	46,779,958	46,779,958	0	69.9%	191,662	91,268	639,439
2011	79,497,515	54,739,594	54,739,594	0	68.9%	217,405	103,526	734,805
2012	81,167,341	54,430,503	54,648,276	217,774	67.3%	214,564	102,173	723,051
2013*	33,967,876	18,426,335	23,160,209	4,733,873	68.2%	209,238	99,637	298,206
* 2013 is Calendar Year to date (1/1/2013 - 5/31/2013)								

“4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.”

The experience provided is current and is the most recent data available. Since there is no Colorado-only experience, this nationwide experience was used.

Objection 7

“Please provide the following information: Benefits Ratio Projections”.

The following table provides a projection of premiums, incurred claims, and benefits ratio.

	Premiums	Incurred Claims	Benefits Ratio
Projected Experience Without Rate Change	1,000,000	700,000	70%
Projected Experience With Rate Change	n/a	n/a	n/a

Objection 8

“Please provide all factors used in determining the rates.”

All factors used in determining the premium rates for this Product Filing were shown in the Exhibit I table incorporated into the actuarial memorandum, with two exceptions: area factors and tier factors. These two tables of factors are:

Regional Rating Factors				
Region		Plus Plan		PPO Plan
CO - Agg		1.000		1.000
1		0.966		1.015
2		1.056		1.050
3		1.043		1.032
4		0.889		0.961
5		0.891		0.891
6		0.888		0.954
7		1.014		0.915
8		0.925		0.882
9		0.856		0.947
10		0.892		0.886
11		0.991		0.995

Tier Factors		
	# of adults	# of children
1 child	0	1
2 children	0	2
3+ children	0	3.4
1 adult	1	0
2 adults	2	0
1 adult + children	1	1.7
2 adults + children	2	2.1

Thank you for your consideration of these responses. If you have any further questions or concerns, please let me know. I can be reached at the phone number or email address shown below.

Sincerely,

A handwritten signature in blue ink that reads "J. T. Helton III". The signature is fluid and cursive, with a stylized "J" and "H".

James T. Helton III, FSA, MAAA
Consulting Actuary
AWMS
215 Owl Ridge Road
Shelbyville, KY 40065
502-738-0217
jim@awms.net



July 17, 2013

TO: Michael Muldoon
Colorado Department of Insurance

RE: Premier Access Insurance Company
SERFF Tracking #: PAIC-129075995
State Tracking #: 278992
Company Tracking Number: 96766COOO2

Dear Mr. Muldoon:

The following response is in reference to your Objection letter dated July, 14, 2013 addressed to Ms. Alisha Sipin.

Objection 1

“Please split out separately all taxes and fees included in the 4% state/Fed premium tax.”

The amounts for premium tax assumed in the pricing are:

State premium tax: 2%
Federal premium tax: 2%

While the Federal premium tax rate has not been completely determined by the federal government yet, the 2% estimate is a reasonable best current estimate.

“For the commissions and administrative retention components please provide detailed support for how they were developed. You indicated that ‘The expense assumptions used to develop the premiums are based on the company’s actual costs developed from experience with other Group Insurance Forms.’ Please demonstrate how the experience was used to determine these expense loads.”

The commission load of 11% is based on an 8% commission payable to the broker, and a 3% allowance for internal sales bonus compensation.

The premium tax allowance is as described above.

The risk margin of 2.5% is the target profit margin.

The administration allowance of 12.5% is based on the Company-wide direct expenses, as shown in the following table:

Premier Life Insurance Company				
2012 Direct Expense Exhibit				
Rent			795,515	
Salaries and Benefits			11,458,119	
Postage			680,748	
Printing			214,905	
Outsourced services			578,569	
Total Direct Expenses				13,727,856
Administration Fee - affiliate				(1,722,193)
Net Direct Expenses				12,005,663
Net Premium Income				95,309,855
Net Direct Expenses / Net Premium Income				12.6%

“Please provide the actuarial support for how the 4% trend (3% dental pricing, 1% utilization) was developed.”

The following table shows AWMS Industry Data used to support the pricing trend projections. Among other things this data shows the recent changes in utilization per subscriber per month, and changes in cost per procedure. While the actual future trend increases will not be determined by past experience, this recent history does provide reasonable support for the 1% utilization and 3% price increase annual projections.

DENTAL REPORT									
Based on Industry Experience									
Date	Incurred CIm Amnts	Incurred Proc Codes	Number Subscribers	Utilization	12 month Average	Cost per Subscriber	12 month Average	Cost per Procedure	12 month Average
Jan-12	4,560,303	58,969	101,793	0.579	0.593	44.80	44.51	77.33	75.12
Feb-12	4,294,729	56,566	102,048	0.554	0.590	42.09	44.35	75.92	75.21
Mar-12	5,131,950	67,294	102,406	0.657	0.592	50.11	44.56	76.26	75.25
Apr-12	4,418,922	58,010	101,558	0.571	0.590	43.51	44.49	76.18	75.44
May-12	4,466,055	58,762	101,851	0.577	0.591	43.85	44.55	76.00	75.43
Jun-12	4,734,622	63,836	101,825	0.627	0.590	46.50	44.54	74.17	75.54
Jul-12	4,159,082	55,895	102,171	0.547	0.590	40.71	44.57	74.41	75.58
Aug-12	4,931,565	67,102	102,421	0.655	0.592	48.15	44.78	73.49	75.67
Sep-12	4,122,526	54,656	102,964	0.531	0.594	40.04	45.07	75.43	75.83
Oct-12	4,256,768	58,301	102,413	0.569	0.592	41.56	44.95	73.01	75.91
Nov-12	4,371,995	58,070	102,080	0.569	0.594	42.83	45.17	75.29	76.04
Dec-12	5,199,759	65,589	102,551	0.640	0.594	50.70	45.23	79.28	76.13
Jan-13	4,729,411	60,384	99,753	0.605		47.41		78.32	
Feb-13	4,539,531	58,208	99,630	0.584		45.56		77.99	
Mar-13	4,865,966	63,016	99,717	0.632		48.80		77.22	
Apr-13	4,589,590	59,039	99,617	0.593		46.07		77.74	
May-13	4,435,710	57,559	99,468	0.579		44.59		77.06	
CYR 2012	54,648,276	723,051	1,226,081	0.590	0.997	44.57	1.012	75.58	1.015
2013 to Date	23,160,209	298,206	498,185	0.599	1.015	46.49	1.043	77.67	1.028

“Note that the state area definitions has Mineral County in area 10 now, versus your table which indicates Mineral County in area 8.”

So noted. In the development of the regional rating factors, Mineral County was included in area 10. The table in the filing indicating Mineral County in area 8 was a clerical error. Thank you for pointing this out.

Thank you for your consideration of these responses. If you have any further questions or concerns, please let me know. I can be reached at the phone number or email address shown below.

Sincerely,

A handwritten signature in blue ink, reading "J. T. Helton III". The signature is fluid and cursive, with a stylized "J" and "H".

James T. Helton III, FSA, MAAA
Consulting Actuary
AWMS
215 Owl Ridge Road
Shelbyville, KY 40065
502-738-0217
jim@awms.net

SERFF Tracking #:

PAIC-129075995

State Tracking #:

278992

Company Tracking #:

96766C0002

State: Colorado

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: PPACA Dental Filing - EHB SHOP RATE

Project Name/Number: /

Filing Company:

Premier Access Insurance Company

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/12/2013		Supporting Document	Colorado Actuarial Memo.Certificate	07/17/2013	AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf CO DOI SHOP Response (7-11-2013).pdf
06/14/2013		Supporting Document	Colorado Actuarial Memo.Certificate	07/12/2013	AV CERT_CO_SHOP_EHB_SIGNED_061213.pdf AV CERT_CO_SHOP_PPO_PLUS_SIGNED_061213.pdf
06/14/2013		Form	Certificate of Insurance	07/01/2013	
06/14/2013		Form	Uniform Application	07/01/2013	